PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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|--|---|--------------|--|-----------------------|--|--|
|  |   |              | Application Number   | 10/622,512            |  |  |
| TRANSMITTAL  |   |              | Filing Date  | July 21, 2003         |  |  |
| FORM   |   |              | First Named Inventor   | Helena WISNIEWS       |  |  |
| (to be used for all correspondence after initial filing) |   | Art Unit     | Not Yet Assigned   |                       |  |  |
|  |   |              | Examiner Name  | Not Yet Assigned      |  |  |
| Total Number of  | f Pages in This Submission  | 2            | Attorney Docket Number   | 71447.0003            |  |  |
|  |   | ENC          | LOSURES (Check all that  | t apply)              |  |  |
| Amendment And        | e to Missing Parts/<br>te Application<br>esponse to Missing Parts             |              | Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a  Provisional Application  Power of Attorney, Revocation  Change of Correspondence Addre  Terminal Disclaimer  Request for Refund  CD, Number of CD(s) | ess Colored Request   | Technolopeal Co-<br>Appeals peal Co-<br>peal Not<br>oprietary<br>atus Lett<br>her Encle<br>entify below Wither | osure(s) (please   |
| ∟ ur   | nder 37 CFR 1.52 or 1.53  |              |  |                       |  |  |
|  | SIGNA   | TURE C       | OF APPLICANT, ATTORN   | EY. OR AGEN           | Т  |  |
| Firm<br>or<br>Individual name                            | Jean C. Edwards, Esq., F<br>Dickinson Wright PLLC<br>1901 L Street, NW, Ste 8 | 00, WDC 2    | 20036  |                       |  |  |
| Signature  | Dean C. Edu   | vard         | <u> </u>   |                       |  | · · · · · · · · · · · · · · · · · ·  |
| Date   | March 31, 2004  |              |  |                       |  |  |
|  | С   | ERTIFIC      | CATE OF TRANSMISSION   | I/MAILING             |  |  |
|  | e as first class mail in an en  |              | mile transmitted to the USPTO or<br>dressed to: Commissioner for Pat   |                       |  |  |
| Typed or printed i                                       | name  |              |  |                       |  |  |
| Signature  |   |              |  |                       | Date   |  |
|  |   |              |  | <del></del>           | Ь  |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/83 (09-03)

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Application Number 10/622,512

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

| Application Number     | 10/622,512        |  |  |  |
|------------------------|-------------------|--|--|--|
| Filing Date            | July 21,2003      |  |  |  |
| First Named Inventor   | HELENA WISNIEWSKI |  |  |  |
| Art Unit               | 2621              |  |  |  |
| Examiner Name          | Not yet assigned  |  |  |  |
| Attorney Docket Number | 71447.00003       |  |  |  |

| To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450   |  |                                       |          |  |          |              |          |       |  |
|--|--|---------------------------------------|----------|--|----------|--------------|----------|-------|--|
| Please withdraw me as attorney or agent for the above identified patent application, and   |  |                                       |          |  |          |              |          |       |  |
| all the attorneys/agents of record.  |  |                                       |          |  |          |              |          |       |  |
| the attorneys/agents (with registration numbers) listed on the attached paper(s), or   |  |                                       |          |  |          |              |          |       |  |
|  |  |                                       |          |  |          |              |          |       |  |
| X  | the attorneys/agents associated with Customer Number 35161 |                                       |          |  |          |              |          |       |  |
| NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.  |  |                                       |          |  |          |              |          |       |  |
| The reasons for this request are: CLIENT NON PAYMENT OF FEES/COSTS ASSOCIATED  WITH REPRESENTATION   |  |                                       |          |  |          |              |          |       |  |
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| The correspondence address is NOT affected by this withdrawal.  Change the correspondence address and direct all future correspondence to:  Customer Number:   |  |                                       |          |  |          |              |          |       |  |
| OR   |  |                                       |          |  |          |              |          |       |  |
| 1 <b>X</b> 1   | m <i>or</i><br>lividual Name                               | MR. PIERRE QUILLIAM                   |          |  |          |              |          |       |  |
| Address  |  | DICUT INC.                            |          |  |          |              |          |       |  |
| Address  |  | 2150 NORTHWEST PARKWAY, S.E., SUITE H |          |  |          |              |          |       |  |
| City   |  | MARIETTA                              | State    | GA   | <u> </u> |              | Zip      | 30067 |  |
| Country  |  | USA                                   | <u> </u> | <u>.                                    </u> |          |              | <u> </u> |       |  |
| Telephone  |  | 770-795-9955                          | <u> </u> | <del></del>                                  | `\ Fax   |              |          |       |  |
| Name   | JEAN O   | . EDWARDS                             |          |  |          |              |          |       |  |
| Signature  | Dean o   | C. Edwards                            |          | Registrati                                   | on No.   |              | 128      |       |  |
| Date   | Pate MARCH 30, 2004  |                                       |          | Telephon                                     | e No.    | 202-659-6946 |          |       |  |
| NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved. |  |                                       |          |  |          |              |          |       |  |

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